

Health, & Welfare, Public Health Service

42996

FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2702

1. PLACE OF DEATH  
a. COUNTY **ST. LOUIS**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **BRENTWOOD** Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **9355 W. PINE** Length of stay in lb **19 WS.**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** COUNTY **ST. LOUIS**

c. CITY OR TOWN **BRENTWOOD** Inside Limits Yes ☒ No ☐

d. STREET ADDRESS **9355 W. PINE** (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First **CLEO** Middle **BRITTON** Last **BRITTON**

4. DATE OF DEATH Month **OCT.** Day **30** Year **1957**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH **July 17, 1908**

9. AGE (In years last birthday) **49**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AT HOME**

10b. KIND OF BUSINESS OR INDUSTRY **NONE**

11. BIRTHPLACE (City and state or country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **Charles W. Reighard**

14. MOTHER'S MAIDEN NAME **Maude Z. Bleu**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **unknown**

17. INFORMANT **HOWARD B. BRITTON** Address **9355 W. PINE**

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Coronary Occlusion**  
**Arteriosclerotic Heart Disease**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b) **4200**  
DUE TO (c) **4200**  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

INTERVAL BETWEEN ONSET AND DEATH  
**6 YRS**  
**6 YRS**

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour **a. m.** Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION **ST. LOUIS** COUNTY **ST. LOUIS** STATE **MO.**

21. I attended the deceased from **12-3-51** to **10-30-57** and last saw her/him alive on **10-15-57**  
Death occurred at **11:00 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **B. B. Gummels, M.D.** (degree or title)

22b. ADDRESS **7349 Dale**

22c. DATE SIGNED **10-31-57**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

23b. DATE **Nov 2 - 1957**

23c. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery**

23d. LOCATION (City, town, or county) (State) **ST. LOUIS Co. Mo.**

24. FUNERAL DIRECTOR **C. R. Lepton & Sons** ADDRESS **7233 Delmar**

25. DATE RECD. BY LOCAL REG. **11-1-57**

26. REGISTRAR'S SIGNATURE **Hubert R. Ponche**

(Licensed Embolmer's Statement on Reverse Side)

Dr. D. C. Smith, Embalmer  
7349 Dale Avenue

Mo. 5-1717

St. Louis 1-2:30 P.M.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed

*Arnold W. Schoene*

Licensed Embalmer No. 3869

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.